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ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 10 Local Registrar No. 10 City of 10 C				•	
District of. ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 11 Local Registrar No. 15 Original Certificate of Birth Original Certificate of Birth St. Local Registrar No. 15 Local Registrar No. 15 Original First occurred in a Mospital of indittution give its NAME instead of street and number of child be not yet named, may supplemental report, as direct or child mater? 3. Sex of child report as direct or child mater? Original Place of Model and Births FATHER Full maiden 9. Residence (Usual place of Model) from resident, give place and State (Usual place of abode) from resident, give place and State (Usual place of abode) 15. Residence (Usual place of abode) 16. Color or race from the place and State (Usual place of abode) 17. Age at last birthday 10 (Years) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry No. Horizontal from the mother (Taken as of time of birth of child here. (Taken as of time of birth of child) here. (Taken a	$\mathcal{L}II$	ARIZ	ONA STATE	BOARD OF H	· IEALTH
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